



**Arizona Department of Water Resources**  
Information Management Unit  
P.O. Box 458 • Phoenix, Arizona 85001-0458  
(602) 771-8627 • (800) 352-8488  
www.azwater.gov

## Well Driller Report and Well Log

THIS REPORT MUST BE FILED WITHIN **30 DAYS** OF COMPLETING THE WELL.

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK.

FILE NUMBER

WELL REGISTRATION NUMBER

**55 -**

PERMIT NUMBER (IF ISSUED)

### SECTION 1. DRILLING AUTHORIZATION

#### Drilling Firm

|                    |                    |
|--------------------|--------------------|
| NAME               | DWR LICENSE NUMBER |
| ADDRESS            | TELEPHONE NUMBER   |
| CITY / STATE / ZIP | FAX                |

### SECTION 2. REGISTRY INFORMATION

#### Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL

MAILING ADDRESS

CITY / STATE / ZIP CODE

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

FAX

WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)

#### Location of Well

WELL LOCATION ADDRESS (IF ANY)

|                   |                |         |                           |                          |                          |
|-------------------|----------------|---------|---------------------------|--------------------------|--------------------------|
| TOWNSHIP<br>(N/S) | RANGE<br>(E/W) | SECTION | 160 ACRE<br>$\frac{1}{4}$ | 40 ACRE<br>$\frac{1}{4}$ | 10 ACRE<br>$\frac{1}{4}$ |
|-------------------|----------------|---------|---------------------------|--------------------------|--------------------------|

|          |         |         |           |         |         |
|----------|---------|---------|-----------|---------|---------|
| LATITUDE |         |         | LONGITUDE |         |         |
| °        | '       | "N      | °         | '       | "W      |
| Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |

METHOD OF LATITUDE/LONGITUDE (CHECK ONE) ☐ \*GPS: Hand-Held  
☐ USGS Quad Map ☐ Conventional Survey ☐ \*GPS: Survey-Grade

LAND SURFACE ELEVATION AT WELL

Feet Above Sea Level

METHOD OF ELEVATION (CHECK ONE) ☐ \*GPS: Hand-Held  
☐ USGS Quad Map ☐ Conventional Survey ☐ \*GPS: Survey-Grade

\*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)

☐ NAD-83 ☐ Other (please specify):

COUNTY

ASSESSOR'S PARCEL ID NUMBER

BOOK

MAP

PARCEL

### SECTION 3. WELL CONSTRUCTION DETAILS

| Drill Method  | Method of Well Development  | Method of Sealing at Reduction Points   |
|---|---|---|
| CHECK ALL THAT APPLY<br><input type="checkbox"/> Air Rotary<br><input type="checkbox"/> Bored or Augered<br><input type="checkbox"/> Cable Tool<br><input type="checkbox"/> Dual Rotary<br><input type="checkbox"/> Mud Rotary<br><input type="checkbox"/> Reverse Circulation<br><input type="checkbox"/> Driven<br><input type="checkbox"/> Jetted<br><input type="checkbox"/> Air Percussion / Odex Tubing<br><input type="checkbox"/> Other (please specify): | CHECK ALL THAT APPLY<br><input type="checkbox"/> Airlift<br><input type="checkbox"/> Bail<br><input type="checkbox"/> Surge Block<br><input type="checkbox"/> Surge Pump<br><input type="checkbox"/> Other (please specify):<br><br><b>Condition of Well</b><br>CHECK ONE<br><input type="checkbox"/> Capped<br><input type="checkbox"/> Pump Installed | CHECK ONE<br><input type="checkbox"/> None<br><input type="checkbox"/> Packed<br><input type="checkbox"/> Swedged<br><input type="checkbox"/> Welded<br><input type="checkbox"/> Other (please specify):<br><br><b>Construction Dates</b><br>DATE WELL CONSTRUCTION STARTED<br><br>DATE WELL CONSTRUCTION COMPLETED |

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

SIGNATURE OF QUALIFYING PARTY

DATE

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**SECTION 4. WELL CONSTRUCTION DESIGN (AS BUILT)** (attach additional page if needed)

### Depth

DEPTH OF BORING

Feet Below Land Surface

DEPTH OF COMPLETED WELL

Feet Below Land Surface

## Water Level Information

### STATIC WATER LEVEL

Feet Below Land Surface

DATE MEASURED

TIME MEASURED

IF FLOWING WELL. METHOD OF FLOW REGULATION

☐ Valve    ☐ Other:[illegible]

### Installed Annular Material

[illegible]

## SECTION 5. GEOLOGIC LOG OF WELL

[illegible]

**SECTION 6. WELL SITE PLAN**

NAME OF WELL OWNER


COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK

MAP

PARCEL

- ❖ Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ❖ Please indicate the distance between the well location and any septic tank system or sewer system.

|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
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|  |  |  |  |  |  | 1" = ____ ft  |
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